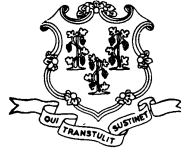


**State of Connecticut  
Department of Consumer Protection  
Drug Control Division**

Telephone: (860) 713-6065

Email: [drug.control@ct.gov](mailto:drug.control@ct.gov)

Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**Application for Wholesaler of Drugs, Medical Devices or Cosmetics**

As required by the provisions of Chapter 420b of the Connecticut General Statutes, application is hereby made to the Connecticut State Department of Consumer Protection for a license to function within the State of Connecticut as a wholesaler of drugs and/or medical devices and/or cosmetics.

➤ Return completed application and fee to:

**Department of Consumer Protection  
License Services Division  
165 Capitol Avenue  
Hartford, CT 06106**

- |   |                 |
|---|-----------------|
| ➤ Wholesaler with <u>NO</u> controlled substances =         | <b>\$190.00</b> |
| ➤ Wholesaler with <u>controlled substances</u> =            | <b>\$375.00</b> |
| ➤ For Each Additional Location with controlled substances = | <b>\$150.00</b> |

**Make check or money order payable to: "Treasurer, State of Connecticut"**

Annual Expiration June 30th

Name of Company, Firm, or Corporation under which function is performed				
Street Address		City	State	Zip Code
Telephone Number (with area code)	FEIN Number	Name and Title of Registrant (Name to Appear on License)		
Indicate Organizational Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other (explain)				
Names of Principal Officers of the Company, Firm, Corporation, Titles and Home Addresses: (Attach list if needed)				
List all other firms names, corporations, divisions, subsidiaries, etc. (indicating category) and their business address(es) under which wholesalers business is conducted:				
Has corporation or any officer thereof, or any partner or the individual owner been convicted of a violation of any law of the United States or of any state relating to controlled drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES, please give details on an attached sheet				
<b>Types of Products Distributed in the State of Connecticut:</b>  <b>Controlled Substances:</b> <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V  <input type="checkbox"/> RX Legend Drugs <input type="checkbox"/> Non RX Legend Drugs <input type="checkbox"/> Medical Devices <input type="checkbox"/> Cosmetics (patent medicines, proprietaries, etc.)				
Briefly explain your type of business, giving types of customers serviced				

**I certify that the information contained in this application is the truth to the best of my knowledge**

Signature of Applicant \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_